

## CLAIMS ONLY

Application Number

1601989

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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47						
48						
49						
50						
Total						
Indep			3			
Total						
Depend			4			
Total						
Claims			2			

\* May be used for additional claims or amendments

51	Indep	Depend	Indep	Depend	Indep	Depend
52						
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